



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

May 3, 2012

Mr. Chuck Medick, Administrator
Hawk Lane
58 Hawk Lane
Hinesburg, VT 05461

Provider #: 0600

Dear Mr. Medick:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 28, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0600	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2012
NAME OF PROVIDER OR SUPPLIER HAWK LANE		STREET ADDRESS, CITY, STATE, ZIP CODE 58 HAWK LANE HINESBURG, VT 05461		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site initial licensure survey was conducted by the Division of Licensing and Protection on 3/28/12 to determine compliance with VT Residential Care Home Licensing Regulations. The following regulatory violations were found.	R100	See attached Plan of Correction	
R135 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, 3 of 3 residents living in the home were not assessed by the nurse using the assessment instrument approved by the Licensing Agency. (Residents #1, 2 & 3) Findings include: Per interviews on 3/28/12 at 11:45 AM, the Administrator and the Registered Nurse (RN), were not aware of the requirement to use the state approved assessment instrument for all resident assessments. This resulted in noncompliance with the required assessment schedule of completion of the initial assessment within 14 days of admission to the licensed Residential Care home.	R135		

Division of Licensing and Protection

SEE ATTACHED FOR SIGNATURE

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

YWB611

If continuation sheet 1 of 8

PMU

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R145	Continued From page 1	R145			
R145 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN failed to develop a written plan of care based on the needs identified in the resident assessment for 3 of 3 residents in the total sample. (Resident #1, 2 & 3). Findings include:</p> <p>Per record review and confirmed by interview on 3/28/12 at 11:45 AM, the RN had not developed a care plan based on the state required assessment and identified needs for Residents #1,2 and 3.</p>	R145			
R167 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or</p>	R167			

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R167	Continued From page 2 address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that 1 applicable resident who received PRN (as needed) antipsychotic medication had a written plan to direct staff in the administration of this medication. (Resident #1) Finds include: Per review of the Medication Administration Record (MAR) for Resident #1 on 3/28/12, there was no written plan to describe the specific behaviors the PRN antipsychotic medication was intended to correct, the circumstances that indicated it's appropriate use and the expected effects and possible adverse reactions that staff must monitor for. This was confirmed during interview with the RN at 12:10 PM the same day.	R167		
R188 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a	R188		

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R188	Continued From page 3 signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that each resident's record included the resident assessment, all progress notes, signed admission agreement and a resident photograph for 3 of 3 residents in the total sample. (Resident #1, 2 & 3) Findings include: Per record review and confirmed by staff interview on 3/28/12 at 12 PM, the home failed to assure that each resident's record included the state required assessment, all progress notes, including physician notes, the signed admission agreement and a photograph of the resident.	R188			
R189 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.	R189			

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R189	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that each resident's record included reports of physician visits for 3 of 3 residents in the total sample. (Resident #1, 2 & 3) Findings include: Per record review and staff interview on 3/28/12 at 12 PM, the RN confirmed that the 3 resident records at the home were incomplete and did not include the all of the required information, including reports of physician visits.	R189			
R234 SS=B	VII. NUTRITION AND FOOD SERVICES 7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that the current menu was posted in a public place for residents. Findings include: During the initial tour of the home on 3/28/12, the current week's menu was not observed posted in a public place for residents to review. During interview at 9:45 AM, the Residential Manager confirmed that the weekly menu was not posted.	R234			
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation	R247			

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R247	Continued From page 5 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that there was a process to monitor temperatures for safe storage and service of perishable foods. Findings include: Per observation and confirmed by staff interview during the morning of 3/28/12, the Manager confirmed that the home did not have a process for monitoring and recording refrigeration temperatures to assure that perishable foods were stored at safe temperatures (at or below 40 degrees Fahrenheit), in accordance with accepted safe food handling practices. There was also no process for testing cooked and/or reheated foods to assure that they are at or above 140 degrees Fahrenheit prior to service.	R247			
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that the resident environment was maintained in a homelike and	R266			

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R266	<p>Continued From page 6</p> <p>sanitary manner. Findings include:</p> <p>Per observations of the home commencing at 9:30 AM on 3/28/12, accompanied by the Residential Manager, the following areas were not sanitary and/or homelike:</p> <ol style="list-style-type: none"> 1. Resident #1's bedroom did not have a wastebasket and a paper bag full of trash was observed on the floor. The downstairs bathroom waste basket was overflowing with trash. 2. A desk in Resident #2's bedroom was missing a drawer, there was no wastebasket and collectable's were observed on the floor and there was no shelving/furniture upon which to store these personal items. 3. Resident #'3's bedroom lacked a chair for sitting, a wastebasket and a place for the resident's music system, which was observed on the floor. 4. The floors and tables in the living room were visibly soiled with a layer of dirt and dust. 5. The area in the basement where a pool table was set up for resident use was heavily soiled with dust. There were also various items of furniture and other items stored all around the basement, with no sense of order, thus making the area un-homelike for resident use. <p>During discussions regarding the housekeeping issues and lack of cleanliness in some areas, the Manager confirmed that there was no cleaning schedule describing what areas of the home need daily, weekly and monthly cleaning etc.</p>	R266		

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R291	Continued From page 7	R291			
R291 SS=C	<p>IX. PHYSICAL PLANT</p> <p>9.6 Plumbing</p> <p>9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, the home failed to establish a system to monitor hot water temperatures to assure that temperatures do not exceed 120 degrees Fahrenheit in resident areas. Findings include:</p> <p>Per interview during the initial tour of the home on the morning of 3/28/12, the Manager confirmed that there was no system for monitoring the hot water temperatures in resident areas to assure that they do not exceed 120 degrees Fahrenheit.</p>	R291			

HowardCenter
102 South Winooski Ave.
Burlington VT 05401
488-6500

April 25, 2012

Department Of Disabilities, Aging and Independent Living
Division of Licensing and Protection
103 south Main Street, Ladd Hall
Waterbury, VT 05671

To Whom it May Concern,

Thank you for visiting the Hawk Lane facility on March 28th, 2012. It was wonderful to meet Mary and have her helpful advice regarding our facility. I apologize erroneously requesting a Residential Care Home License for our facility. This incorrect License request led to many of the deficiencies in your report. Since the time of the report we have received a Therapeutic Care Residence License. This license was effective Jan 1st 2012. I believe that we are in much better compliance with this license.

I completed the Plan Of Correction below. Many of the adjustments below will be completed by the end of May. Due to the obtainment of our Therapeutic Care Residence License, we will not be required to complete the Nursing intake assessment and base our Individual Support Agreements on this nursing assessment.

Below you will find the areas of deficiency outlined by reference number and the Plan Of Care for each item:

R135 – Licensed nurse assessment within 14 days of admission using licensing agency assessment instrument.

If we were required to make this adjustment we would comply in the following way:

The Nurse contracted with HowardCenter (Charlotte Furey) will review the assessment completed by the Residential Manager and sign off on the assessment within 14 day of admission of our residents. Appointments for the current residents will be

scheduled by this writer for the assessment and they would occur by the end of May. These assessments would be reviewed and signed off on by the Nurse.

r-145 – Plan of care based on Nurses needs assessment

If we were required to make this adjustment we would comply in the following way:

After Charlotte completes the review of the nursing assessment and signed off on that assessment, the plan of care our Individual support agreement and Personal Support Plan will be reviewed with clients and guardians and incorporate the information that was gathered by the nursing assessment. For new intakes, this will occur within 30 days, in accordance with the regulations for the development of our Individual Support Agreement.

r-167 – PRN medication protocol does not specify what behaviors it is intended to correct or circumstances which indicate when the medication should be used.

The Personal Support Plan has been updated with the information about the PRN in question for the client, including what it is, how to administer it, what behavior is targeted and possible adverse reactions. This will be updated on a regular basis as needed, or once per year at the time of the Individual Support Agreement review.

r-188 – Missing nursing assessment, progress notes, no signed admissions, resident photographs.

All progress notes are present in the file. The Physician notes are re present at the site. Some of the Psychiatry notes were located in the Clinical file at 102 South Winooski Avenue. A copy of missing notes will be placed in the file at Hawk Lane. Client photographs have been taken and placed in an electronic file on a shared data base that is accessible to HowardCenter employees. The signed admission agreement has been obtained for all of the residents of the Hawk Lane program and placed in the file.

If we were required to make this adjustment we would comply in the following way:

The state required assessment would be placed in the file upon completion by the Nurse.

r- 189 - Physician reports not in file at home.

The regular Physician appointments forms were in the notes at the house. Some Psychiatric notes were not in the file at the house. They were in the Clinical file at

HowardCenters' 102 South Winooski location. They will be copied and included in the file at Hawk Lane. In addition these notes are now completed in the Electronic Health Record and are available to be viewed from the home.

r-234 – Menu not posted.

The menu was not immediately available upon inspection. It was not in it's normally posted location but was in the house and presented to the inspector while she was there.

r-247 – No process for monitoring that food is kept below 40 degrees in the refrigerator. No process for testing that cooked and reheated food is served above 140 degrees.

A thermometer will be bought and placed in the fridge. The temperature will be recorded on the home safety checklist once a month.

If we were required to make the following adjustment we would comply in the following way:

An instant read thermometer will be bought and cooked food will be tested before being served. This will occur by the end of May.

r-266 – The home must provide a safe and sanitary home like environment.

1. Waste baskets will be purchased and placed in each of the resident's rooms
 - The down stairs trash is emptied on a regular basis by the resident that uses that restroom. He had not emptied it on the morning of the inspection.
2. The desk will be repaired or replaced in resident #2's bedroom.
 - Resident refused shelving for collectibles; these available shelving units are stored in the basement of the facility.
3. Resident #3 refused shelving for music system. A chair will be offered to the resident and stored in the basement if he does not wish to have it in his room.
4. The floors and tables are wiped down on a regular basis. This is tracked on a chore schedule.

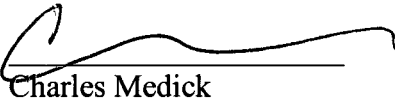
5. The basement is an unfurnished basement can be, and is used as an activity area as well as for laundry. The unorganized items will be organized and the dust will vacuumed.

r-291 – No system to monitor hot water system.

The hot water is monitored and recorded on the new Home Safety Checklist once month starting in May, using an instant read thermometer.

Thank you very much for your review of our facility and the outline of the corrections required for compliance. It was very nice to have Mary at our facility. Also, thank you for your assistance with obtaining the correct license for our facility. If you have any question please feel free to contact me at any time.

Sincerely,



Charles Medick
Clinical Case Management Team Leader
Hawk Lane Administrator

POC's accepted 5/1/12 MBoltourn / Pmotaurn